

# Workshop Registration

## CASTLE HILL 2006

NAME: \_\_\_\_\_

IF CHILD, DATE OF BIRTH: \_\_\_\_\_ PARENT'S NAME: \_\_\_\_\_

WINTER ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

WINTER PHONE: \_\_\_\_\_ SUMMER PHONE: \_\_\_\_\_

SUMMER ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CLASS TITLE	Dates	# of Sessions	Tuition	Material Fees	Total

<b>MEMBERSHIP*</b> Membership helps keep our classes affordable.		
<b>ARTS LEADERSHIP CIRCLE</b>		
ROCOCCO <input type="checkbox"/> (\$2,500)	ART NOUVEAU <input type="checkbox"/> (\$1,500)	CUBISM <input type="checkbox"/> (\$1,000)
FAUVISM <input type="checkbox"/> (\$500)		
SCHOLARSHIP <input type="checkbox"/> (\$250)	FAMILY/COUPLE <input type="checkbox"/> (\$100)	INDIVIDUAL <input type="checkbox"/> (\$50)

TOTAL (From above)

\*MEMBERSHIP

AMOUNT ENCLOSED

### PAYMENT

CASH       CHECK       MONEY ORDER       VISA       MASTERCARD

CREDIT CARD NUMBER: \_\_\_\_\_

CARDHOLDER SIGNATURE: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

**MAIL COMPLETED FORM TO:** CA STLE HILL, P.O. BOX 756, TRURO, MA 02666 TEL: 508 349 7511

**VISA AND MASTERCARD MAY BE FAXED F:** 508 349 7513 or REGISTER ON-LINE: [www.castlehill.org](http://www.castlehill.org)

PLEASE REFER TO PAGE 77 FOR CANCELLATION AND REFUND POLICY